

# STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of	
	DECISION

# PRELIMINARY RECITALS

Pursuant to a petition filed September 29, 2015, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Grant County Department of Social Services in regard to FoodShare benefits (FS), a hearing was held on December 08, 2015, at Lancaster, Wisconsin.

The issue for determination is whether the agency erred in reducing and ultimately terminating petitioner's FS.

There appeared at that time and place the following persons:

#### PARTIES IN INTEREST:

Petitioner:



#### Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703

By:

Grant County Department of Social Services Hwys 35 and 61 South PO Box 447 Lancaster, WI 53813

# ADMINISTRATIVE LAW JUDGE:

John P. Tedesco Division of Hearings and Appeals

## **FINDINGS OF FACT**

- 1. Petitioner (CARES # is a resident of Grant County.
- 2. Petitioner reported a change in her income to the agency.
- 3. The agency requested 30 days of pay stubs to verify income.

- 4. Petitioner submitted those and the agency determined that the income reflected on the pay stubs resulted in a new allotment of \$16.
- 5. Petitioner requested a hearing by request form filed on September 29, 2015.
- 6. Petitioner was then required to submit a six-moth report form by September 30. She failed to do so and her FS case was closed.

#### **DISCUSSION**

FS allotments are a function of household composition and household income. At the time of hearing, petitioner explained that she is now working only 24 to 30 hours per week. She is also in school at present. At hearing petitioner did not dispute any of the agency's assertions. She merely explained that because of a change in her circumstances she believes that she should be eligible. But, petitioner's case closed due to her failure to file the six month report form with the agency. Petitioner must now re-apply for FS and a new determination of her allotment will be made based on her current circumstances.

#### **CONCLUSIONS OF LAW**

The agency did not err in the reduction and ultimate termination of the petitioner's FS case.

## THEREFORE, it is

# **ORDERED**

That this appeal is dismissed.

## REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received** within 20 days after the date of this decision. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

#### APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison, Wisconsin, this 23rd day of December, 2015

\sJohn P. Tedesco Administrative Law Judge Division of Hearings and Appeals



# State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on December 23, 2015.

Grant County Department of Social Services
Division of Health Care Access and Accountability